***Research engagement among UK care home staff: a reflection***

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***Abstract***

Conducting research in care homes is difficult, and research originating from care homes is lacking. This article provides reflective insights into the determinants that affect research engagement among UK care home staff. The Capability, Opportunity, Motivation, Behaviour (COM-B) model of behaviour has been used to structure and explore our reflections relating to time, funding and skills. Our reflections suggest that wider determinants influence research engagement among care home staff and that a culture of research within care homes remains in its infancy. Our reflections highlight that more needs to be done to enable and empower care home staff to engage in research.

***Key words*** research • participation • reflection • care homes

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***Introduction***

Care homes are challenging settings in which to conduct research (Brooks and Parker, 2019), owing to issues like time constraints (Lam et al, 2018), low staffing levels (National Institute of Health Research, NIHR, 2021) and COVID-19 (Fitzpatrick et al, 2021). These factors are likely to have evolved from the chronic ‘political neglect’ of successive UK governments (Health Foundation, 2020) and may help to explain why research conducted in UK care homes is lacking (Katz, 2011). Care homes are under-represented in research (NHS Research Scotland, 2021), with Law (2016) noting that over ten years, only 7 per cent of care homes across Scotland had engaged in research. This suggests that a culture of research is not fully embedded within care homes and may help to explain why some care home staff are unfamiliar with (Giné-Garriga et al, 2020) and/or hesitant about research (Goodman et al, 2011). Hesitancy towards research engagement among care home staff is likely to have implications for practice, as research has been shown to improve both care (Hanney et al, 2013) and care outcomes (Austin, 2021). The determinants influencing research engagement among care home staff need to be better understood in order to improve outcomes for the 391,927 people who reside in care homes (Office for National Statistics, 2021a). The need to generate such insights is timely considering the UK’s ageing population, which is predicted to place greater demands on care homes (Deschodt et al, 2017).

This contribution explores some of the factors that affect research among front-line care home staff by reflecting upon experiences of conducting research in two care homes in the county of Cornwall, England. To structure and explore our reflections, the Capability, Opportunity, Motivation, Behaviour (COM-B) model (Mitchie et al, 2011) is used; this focuses on understanding capability, opportunities and motivation as determinants of behaviour. The article discusses time, funding and skills as the key influences considered likely to affect care home staff ’s capability, opportunity and motivation.

***Care home staff’s capability to engage in research***

Capability influences behaviour and is associated with an individual’s psychological and physical capacity (Willmott et al, 2021). Despite their verbalised interest, care home staff in our study often claimed that they lacked the time to engage in research, hindering the amount of data that could be collected. Time constraints hinder research engagement among care home staff (Jenkins et al, 2016) and may reflect chronic staff shortages in the care sector (Ford, 2021), with 1,200 vacancies in Cornwall alone (REACH Cornwall, 2021). Other factors, including Brexit (National Institute of Economic and Social Research, 2018), the government mandate of the COVID-19 vaccine for care home workers (Launder, 2021) and local seasonal workforce variations (Cornwall Council, 2021a), are likely to have influenced workforce shortages in Cornwall’s social care sector. Both care homes in our study appeared to be understaffed, with staff constantly managing challenging workloads, which is consistent with the claim that care home staff in England are overworked (Age UK, 2020). These issues are likely to have influenced the capacity of care home staff in our study to engage in research. For instance, one care home in our study was lost to follow-up due to its closure in response to staff shortages exacerbated by COVID-19 (Vergnault, 2022). Research engagement among care home staff in our sample seemed to depend on their capacity, which was itself influenced by wider factors beyond their control. This suggests that a culture of research cannot be fully embedded within care homes unless improvements in staff capability, such as staffing and workload, are addressed.

***Care home staff’s opportunity to engage in research***

Opportunity influences behaviour and relates to external factors beyond the individual’s control (Mitchie et al, 2011). In our study, opportunities enabling research engagement among care home staff seemed to be lacking, with many staff stating that our externally funded project was their first exposure to research. This may reflect the costs associated with conducting research (Neema and Chandrashekar, 2021) and disparities in how research funding is allocated between health and care services (National Health Research, 2021). Social care investment has been described as ‘flat’ (Age UK, 2017), and research funding is not widely accessible to care homes (Morley et al, 2014). These issues may be compounded by the financial constraints affecting care homes and social care more generally (Brooks and Parker, 2019). Concerns about social care spending in Cornwall (Cornwall Council, 2021b) may have reduced research opportunities among care home staff in the two care homes studied. One of 2 the care home managers felt that care providers in other localities had more opportunities to engage in research, perhaps reflecting regional variations in wealth (Office for National Statistics, 2021b) and the socio-economic status of Cornwall (a county characterised by poverty that previously received financial assistance from the European Union [Willett et al, 2019]). Socio-economic factors may have constrained opportunities for care home staff in our study to engage in research. Without financial structures that enable research to be adequately funded, it may not be possible to embed a culture of research in care homes.

***Care home staff’s motivation to engage in research***

Motivation refers to processes that instigate and sustain behaviour (Schunk and DiBenedetto, 2020). Care home staff in our study had limited opportunities for this, and many were unfamiliar with research. Instead, their primary focus and priority were on delivering care – a finding also described by LaFrenais (2015). The care sector in England has major skills shortages (UK Commission for Employment and Skills, 2015). For instance, a report by The Open University (2021) describes how less than half of adult social care managers felt that their workforce had the basic skills needed to operate. In Cornwall, 45 per cent of the social care workforce had no qualification relevant to social care (Skills for Care, 2021). These skills shortages may be exacerbated by a lack of structures supporting research across the social care sector (Booth et al, 2003). At the time of our study, structures to support health and social care research in Cornwall were run by (National Health Service NHS) organisations. These factors may explain why some staff in our study recognised the NHS as a pioneer of research compared to the social care sector, endorsing the idea that research is often considered ‘someone else’s business’ (Royal College of Physicians, 2018). Care home staff in our study seemed to lack the ability to instigate and sustain research engagement. This seemed to reflect both skills shortages in the sector and a need for care home staff to be equipped and empowered with the skills needed to foster a culture of research.

***Conclusion***

Our reflections highlight how wider determinants, such as time, funding and skills, may be influencing capability, opportunity and motivation among care home staff, in turn, influencing research engagement. In our view, these factors will need to be addressed for a culture of research to become fully embedded in care homes. This is important for public health, as organisations that do not participate in research may fail to meet the health and social needs of individuals (NIHR, 2021). Despite calls several years ago to increase research in care homes (Department of Health, 2015), a culture of research within care homes seems to be in its infancy.

We believe the insights presented here regarding the culture of research in care homes can usefully inform policymakers, academics, practitioners and leaders in social care. They add to a small body of evidence on this topic, and to our knowledge, this is the first time the COM-B model has been applied to explore the factors shaping research engagement among care home staff. We think that it would be valuable for others to consider applying the COM-B model to explore factors shaping research engagement among care home staff in other localities.

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***Conflict of interest***

The authors declares that there is no conflict of interest.

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